PTO/SB/21 (08-00) Approved for use through 10/31/2002. OMB 0651-0031 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Please type a plus sign (+) inside this box -> [+]

TRANSMITTAL FORM			Applic	ation Number	09/815,340		
			Filing [Date	March 23, 2001		
			First N	lamed Inventor	VOGELSTEIN et al		
(to be used for all correspondence after initial filing)		Group	Art Unit	1642			
			Examir	ner Name	K. Canella		
Total Number of Pages in This Submission			Attorne	ey Docket Number	01107.00074		
		ENCL	OSURES	(check all that apply)			
Fee Transmittal Form			nment Pape Application)		After Allowance Communication to Group		
Fee Attached		☐ Drawin	ıg(s)		Appeal Communication to Board of Appeals and Interferences		
Amendment / Respons	e	Licensi	ing-related	d Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
After Final		Petition	n		☐ Proprietary Information		
Affidavits/declaration	on(s)		n to Conve sional Appli		Status Letter		
				ey, Revocation espondence Address	Other Enclosure(s) (please identify below):		
<u> </u>	. !	Termin	nal Disclaimer				
Express Abandonment	Request	Reque	est for Refu	ınd			
Information Disclosure	Statement	CD, NI	umber of CD(s)				
Certified Copy of Priorit Document(s)	ty	Rema	irks		RECEIVED		
Response to Missing P Incomplete Application			,		JAN 0 6 2003		
Response to Missir Parts under 37 CFI 1.52 or 1.53					TECH CENTER 1600/29		
	SIGNA	TURE OF /	APPLIC#	ANT, ATTORNEY, O	R AGENT		
Firm or Micl Individual name	Firm or Michelle L. Holmes-Son, Reg. No. 47,660						
Signature $igg($							
Date Dec	Date December 30, 2002						
		CE	RTIFICA	TE OF MAILING			
I hereby certify that this cor	respondence is	being depo	sited with	the United States Post	al Service as first class mail in an envelope		
addressed to: Assistant Co	ommissioner for	Patents, W	ashington,	, D.C. 20231 on this da	ite:		
Typed or printed name							

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be send to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Signature

Date

Appropriate for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trader Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Attorney Docket No.

PEN	
OE 30 M	KOFFIC
AVENT & TR	SEE SEE

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(1	200
"	200

	Complete if Kno	*** RECEIVED
Application Number	09/815,340	MEGETVE
Filing Date	March 23, 2001	JAN 0 6 7003
First Named Inventor	VOGELSTEIN et al	3 A.1 0 0 1.00
Examiner Name	K. Canella	TECH CENTER 1600/290
Group / Art Unit	1642	LECH CEMILITION TO
Attorney Docket No.	01107.00074	

Check	METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)					
Deposit Account Deposit Account Pee Paid Number Pee Paid Pee Pe			3. ADDITIONAL FEES						
Deposit Account 19-0733 19-	Order		Large Entity Small Entity						
Account Number 19-0733 195 195 195 275 50 227 25 52 52 52 53 52 54 54 54 54 54 54 54							Fee Description	Fee Paid	
Number			105	130	205	65	Surcharge - late filing fee or oath		
Account Name		Account 19-0733			227	25			
The Commissioner is authorized to: (check all that apply) SC Charge leqs) indicated below	Deposit		139	130	139	130	Non-English specification		
The Commissioner is authorized to: (check all that apply) Credit any overpayments Charge (es(s) indicated below Credit any overpayments Charge (es(s) indicated below Credit any overpayments Charge (es(s) indicated below Examiner action Charge (es(s) indicated below, except for the filing fee to the above-derifited deposit) account.		Banner & Witcoff, Ltd.	147	2,520	147	2,520	For filing a request for reexamination		
Substitution Signature		ner is authorized to: (check all that apply)	112	920*	112	920*			
Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account. 1.5 110 215 55 Extension for reply within first month 200 201 2	☐ Charge fee(s) indicated below ☐ Credit any overpayments			1,840*	113	1,840*			
SASIC FILING FEE 117 920 217 460 218	☐ Charge fee(s	indicated below, except for the filing fee	115	110	215	55	Extension for reply within first month		
1. BASIC FILING FEE Large Entity Small Entity	to the above-ide		116	400	216	200		200	
SASIC FIRSTER Small Entity Sma	24005		117	920	217	460	Extension for reply within third month		
Code (\$) Code (\$) Code (\$) Fee Pald 128 1.960 228 980 Extension for reply within fith month 117 11	Large Entity	Small Entity	118	1,440	218	720	Extension for reply within fourth		
101 740 201 370 Utility filing fee 119 320 219 160 Notice of Appeal 119 320 219 160 Notice of Appeal 120 320 220 160			128	1,960	228	980	Extension for reply within fifth month		
106 330 206 165 Design filing fee			119	320	219	160	Notice of Appeal		
107 510 207 255 Plant filing fee 138 1,510 142 1,280 241 640 Ptition to revive – unintentional 142 1,280 241 640 Ptition to revive – unintentional 142 1,280 241 640 Ptition to revive – unintentional 142 1,280 241 640 Ptition to revive – unintentional 142 1,280 241 640 Ptition to revive – unintentional 142 1,280 241 640 Ptition to revive – unintentional 142 1,280 241 242 242 640 Ptition to revive – unintentional 142 1,280 241 242	I '*'		120	320	220	160	Filing a brief in support of an appeal		
108			121	280	221	140	Request for oral hearing		
SUBTOTAL (1) (\$) 0	108 740	208 370 Reissue filing fee	138	1,510	138	1,510			
2. EXTRA CLAIM FEES Extra Fee from Fee Paid Pai	114 160	214 80 Provisional filling fee	140	110	240	55	Petition to revive – unavoidable		
2. EXTRA CLAIM FEES Extra Fee from Fee Pee Code (\$) C	·	SUBTOTAL (1) (S) 0	141	1,280	241	640	Petition to revive - unintentional		
Extra Fee from Fee Paid		(t) (v)	142	1,280	242	640	Utility issue fee (or reissue)		
Total Claims	2. EXTRA CLAI		143	460	243	230	Design issue fee		
Total Claims			144	620	244	310	Plant issue fee		
Independent Claims -3** = 0	Total Claims		122	130	122	130	Petitions to the Commissioner		
Claims -3 ** = 0	· =		123	50	123	50	Processing fee under 37 CFR 1.17 (q)		
Dependent Large Entity Small Entity Fee Fee Code (\$) Fee Description 146 740 246 370 Filing a submission after final rejection (37 CFR § 1.129(a)) 103 18 203 9 Claims in excess of 20 149 740 249 370 For each additional invention to be examined (37 CFR § 1.129(b)) 104 280 204 140 Multiple dependent claims over original patent 110 18 210 9 **Reissue claims in excess of 20 and over original patent 180 190 169 900 169 900 Request for expedited examination of a design application 180 210 9 **Reissue claims in excess of 20 and over original patent 180	Claims	-3 ** = 0 X = 0	126	180	126	180			
Fee Code (\$) Fee Code (\$) Fee Description 103 18 203 9 Claims in excess of 20 102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dependent claim, if not paid ** Reissue independent claims over original patent 109 84 209 42 ** Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$) 0 146 740 246 370 Filing a submission after final rejection (37 CFR § 1.129(a)) 149 740 249 370 For each additional invention to be examined (37 CFR § 1.129(b)) 179 740 279 370 Request for Continued Examination (RCE) 169 900 169 900 Request for expedited examination of a design application Other fee (specify) *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 200	Dependent		581	40	581	40	per property (times number of		
103 18 203 9 Claims in excess of 20 102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dependent claims over original patent 109 84 209 42 **Reissue independent claims over original patent 110 18 210 9 **Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$) 0 149 740 249 370 For each additional invention to be examined (37 CFR § 1.129(b)) 179 740 279 370 Request for Continued Examination (RCE) 169 900 169 900 Request for expedited examination of a design application Other fee (specify) *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 200	Fee Fee	Fee Fee Fee Description	146	740	246	370			
104 280 204 140 Multiple dependent claim, if not paid 109 84 209 42 **Reissue independent claims over original patent **Reissue claims in excess of 20 and over original patent	,.,	1	149	740	249	370	,		
109 84 209 42 ** Reissue independent claims over original patent ** Reissue claims in excess of 20 and over original patent	102 84	202 42 Independent claims in excess of 3					examined (37 CFR § 1.129(b))		
110 18 210 9 **Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 200	104 280	204 140 Multiple dependent claim, if not paid	179	740	279	370	Request for Continued Examination (RCE)		
110 18 210 9 ** Reissue claims in excess of 20 and over original patent Other fee (specify) *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 200	109 84		169	900	169		Request for expedited examination		
SUBTOTAL (2) (\$) 0 *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 200	110 18						or a design application	\vdash	
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 200				Other fee (specify)					
**or number previously paid, if greater; For Reissues, see above	SUBTOTAL (2) (\$) 0			*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 200					
	**or number previously paid, if greater; For Reissues, see above								

SUBMITTED BY Complete (if applicable)						
Name (Print/Type)	Michelle L. Holmes-Son	Registration Np. Attorney/Agent)	47,660	Telephone	202-508-9100	
Signature	MieliDo	2. Status J	ر	Date	December 30, 2002	